

Initial Reporting Form For Suspected Or Confirmed Norovirus Or Other Gastroenteritis Outbreaks

General Information					
Today's Date:	____/____/____	County:	____	Region:	____
Local Health Department:		Outbreak # KY: ____ - ____			
Primary Contact for Investigation:	____	Telephone:	____		
LHD Nurse (if different from above):	____	Telephone (if different from above):	____		
LHD Environmentalist (if different from above):	____	Telephone (if different from above):	____		
Regional Epidemiologist (if different from above):	____	Telephone (if different from above):	____		
Facility/Establishment Information					
Facility/Establishment Name (if applicable):		____			
Facility/Establishment Type:		____			
Facility/Establishment Contact Person:		____			
Facility/Establishment Phone Number:		Fax Number:		____	
Facility/Establishment Location:		City:	County:	____	
Outbreak Information					
Date index case became ill?	____/____/____	Index case = resident, staff, visitor, or other?		____	
Number of ill residents/persons today(x_1):		Number of Ill Staff today(x_2):		____	
Total Number of residents/persons (y_1):		Total Number of Staff (y_2):		____	
Resident/Persons Attack Rate % ($x_1/y_1 \times 100$)		Staff Attack Rate % ($x_2/y_2 \times 100$)		____	
Illness Characteristics					
List of predominant symptoms:					
List of other symptoms:					

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Average Duration of Illness (hours or days):			
Number of Residents/Persons Admitted to the Hospital:		Number of Staff Admitted to the Hospital:	
Number of Residents/Persons seen by a Healthcare Provider:		Number of Staff seen by a Healthcare Provider:	
Number of Residents/Persons who have died:		Number of Staff who have died:	
Case Definition:			
Control Measures Implemented (Provide a brief description of control measures being implemented by the facility)			
Environmental Assessment:			
Conducted:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date (conducted/will be conducted)	____/____/____
Review of Guidelines to Limit Transmission			
<p>General Prevention of GI Illness:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Practice good hand hygiene. Wash hands frequently with soap and water. Alcohol-based sanitizing hand gel (> 62% ethanol content) may be used to complement hand washing with soap and water. <input type="checkbox"/> Wash fruits and vegetables and cook all foods thoroughly <input type="checkbox"/> Promptly refrigerate prepared foods <input type="checkbox"/> When sick, do not prepare food or care for others who are sick. <input type="checkbox"/> Clean and disinfect contaminated surfaces <input type="checkbox"/> Avoid recreational water venues while symptomatic and for the appropriate time after symptoms have resolved <p>Food Handlers, Healthcare Workers, and Child Care Workers</p> <ul style="list-style-type: none"> <input type="checkbox"/> Exclude from food handling, patient care, and childcare during the acute phase of illness and for at least 3 days after symptoms have resolved. <input type="checkbox"/> Inform environmental health specialist at the LHD or at KDPH Reportable Disease Section if a food handler has been excluded. <p>Child Care Center or School Outbreaks</p> <ul style="list-style-type: none"> <input type="checkbox"/> Contact the Regional Child Care Health Consultant assigned to the county where the outbreak is occurring to advise them of the outbreak and to coordinate information sharing and control measures. <input type="checkbox"/> Exclude child until asymptomatic and for at least 24 hours after symptoms resolve 			

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- ☐ Recommend supervised hand washing of all children in the classroom/childcare center, if handwashing practices are questionable.
- ☐ Inform parents of outbreak by sending email messages, letters, or signage.
- ☐ Clean and disinfect diapering area and potty chairs after each use and bathroom toilets, sinks, toys, desks/tables, and other high-touch areas at least daily and when soiled.
- ☐ Clean and sanitize mouthed toys, objects, and surfaces at least daily and when soiled.
- ☐ Encourage ill individuals to seek medical care and testing for suspected pathogens.

Long Term Care Facility/Medical Facility/Institutional Setting Outbreaks

- ☐ Exclude symptomatic individuals until asymptomatic
- ☐ Suspend group activities (including group meals)
- ☐ Close facilities/units to new admissions
- ☐ Advise EMS/hospital/facility when transferring symptomatic persons.
- ☐ Limit outside visitors
- ☐ Inform visitors, suppliers, and vendors of outbreak by posting signage around the facility.
- ☐ Segregate ill individuals from well individuals
- ☐ Cohort ill individuals, if possible
- ☐ Avoid cross-coverage of staff between units with illness and without.
- ☐ Use appropriate contact precautions (Personal Protective Equipment (PPE) – gowns, gloves, and surgical mask, as appropriate).
- ☐ Clean and disinfect high-touch areas and bathroom surfaces at least daily and when visibly soiled.
- ☐ Clean and sanitize food/mouth contact items, stainless steel, and food contact surfaces at least daily and when soiled.
- ☐ Clean and sanitize kitchen, including food prep areas, serving areas, food contact equipment, utensils, bus carts, food transport carts, dining room tables and chairs, and ice machines.
- ☐ Limit access to ice machines to designated food service staff only.
- ☐ Recommend environmental health inspect facility and health department personnel educate on appropriate control measures.

Additional LHD Actions

Please collect appropriate specimens for testing.

Conduct a site visit with an environmentalist so an inspection can be done.